170036271

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: X-Terra Trailers LLC				
(Name of Limited Liability Company)				
The enclosed member, resignation or	r dissociation and fee(s) are submitted for filing.			
Please return all correspondence con	cerning this matter to:			
Jose Antonio Lopez				
(Contact Person)				
X-Terra Trailers LLC				
(Firm/Company)				
2321 Northwest 149th Street				
(Address)				
Opa-Locka, FL 33054				
(City/State and Zip Co	de)			
For further information concerning t	his matter, please call:			
Jose Antonio Lopez	305 205-3549			
(Name of Contact Person)	(Area Code & Daytime Telephone Number)			
Enclosed please find a check made p \$25 Filing Fee	ayable to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			

CR2E079 (2/14)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	e limited liability company as erra Trailers LLC	s it appears on the records of	the Florida Department
2. The Florida doc L1700013627		ssigned to this limited liabili	ity company is:
3. The date this me	ember/manager withdrew/res	signed or will withdraw/resig	gn is: Aug. 15, 2017
4. I, Jose Antonio	Lopez	, hereby withdraw/resi	gn as a
(Print)	Name of Person Resigning)		G
Manager and	Member		
	(Print Title)		
of this limited lia resignation in wr	bility company and affirm thating.	e limited liability company l	has been notified of my
1 mel	1) Joseph		
Signature of D	issociating Member of Resig	ning Manager	2017 007 16
Filing Fee	\$25.00 (Required)		3-8
Certified Copy:			Part Part
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